

**CITY OF NEW ORLEANS
PARENTAL LEAVE REQUEST FORM**

Employee must complete form, attach all required documentation, and submit to appointing authority for approval. Appointing authority may request additional documentation if necessary. Employees must have at least 12 months of Consecutive Service and may only receive any category of Parental Leave once annually.

EMPLOYEE INFORMATION

Name: _____ **Employee ID** (Obtain from ADP or HR Manager): _____
Department: _____ **Date of Hire:** _____ **Date of Last Parental Leave Request:** _____

TYPE OF PARENTAL LEAVE

- ☐ Maternity Leave for Childbirth (up to 8 weeks paid leave offered)
Attach physician's statement of pregnancy with employee name, address, and expected due date.
- ☐ Paternity Leave (up to 2 weeks paid leave offered)
- ☐ I am the husband of person giving birth
Attach physician's statement of pregnancy with pregnant spouse's name and expected due date **AND** a copy of your marriage certificate if it is not already on file with the City for benefits and healthcare insurance.
- ☐ I am a registered same sex domestic partner of person giving birth
Attach physician's statement of pregnancy with pregnant patient's name, address, and expected due date **AND** a copy of your Certified Declaration of Domestic Partnership if it is not already on file with the City for benefits and healthcare insurance.
- ☐ I am the biological father of new child/ren (neither husband nor same sex partner)
Attach physician's statement of pregnancy with pregnant patient's name, address, and expected due date **AND** results from reliable paternity test, such as those conducted by an AABB accredited provider.
- ☐ Adoptive Parent Leave
- ☐ I certify that I am the primary caregiver for new adoptive child/ren under age 5 (up to 8 weeks paid leave offered)
- ☐ I certify that I am the secondary caregiver for new child/ren under age 5 (up to 2 weeks paid leave offered)
If prior to placement of child, attach documentation proving engagement in the adoption process signed by the adoption agency or provider. If following the placement of a child, attach the judicial decree of adoption.

LEAVE SCHEDULE

1. Leave Start Date: _____ **Leave End Date:** _____

Please list any additional periods of Adoptive Parent Leave and update this form if dates change. Only Adoptive Parent Leave is not required to be taken contiguously so that prospective parents are afforded time to complete non-medical pre-adoption activities.

2. In the table below, list the hours you would be scheduled to work for the time period for which you are requesting Parental Leave. Those requesting Paternity or Adoptive leave as a secondary caregiver do not need to complete weeks 3-8. Scheduled overtime should be included and will be paid as straight time only.

| Week | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------|--------|--------|---------|-----------|----------|--------|----------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |

APPROVALS

By signing, I attest that all of the information I have provided in support of this parental leave request is true and accurate.

Employee Signature

Date

Appointing Authority Signature

Date

FOR PAYROLL OFFICE

Action Completed By: _____

Date: _____